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Fill in this information to identi	fy your case:	NORTHERN DISTRICT OF ILLINOIS
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		DEC 01 2016
Case number (if known):	Chapter you are filing under:	JEFFREY P. ALLSTEADT, CLERK
	☑ Chapter 7	
	Chapter 11	
	Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yours	elf	
Your full name	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Write the name that is on yo government-issued picture identification (for example, your driver's license or	Olena First Name	First Name
passport).	Middle Name	Middle Name
	Rymar	
Bring your picture identification to your meeting	Last Name	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other names you		
have used in the last 8 years	First Name	First Name
Include your married or	Middle Name	Middle Name
mai den names .	Last Name	Last Name
Only the last 4 digits of	xxx - xx - 6 0 1 7	xxx - xx
your Social Security number or federal Individual Taxpayer	OR	OR
Identification number	9xx - xx -	9xx - xx

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De	ebtor 1 Olena	Rymar	Case number (if known)
	First Name	Middle Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	☑ I have not used any business names or EIN	Is. I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		Business name	Business name
		EIN	EIN
_	18/1	EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		2506 N. McVicker Number Street	Number Street
		Chicago IL 60639	
		City State ZIP Code	City State ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.
		Number Street	Number Street
		P O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	ari 2: Tell the Court	About Your Bankruptcy Case	•
<i>y</i> =32			
7.	The chapter of the Bankruptcy Code you are choosing to file	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	otice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.
	under	Chapter 7	
		Chapter 11	
		Chapter 12	
		Chapter 13	

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Det	otor 1 Olena	Rymar	Case number (if known)
8.	First Name How you will pay the fee	court for more details about how y pay with cash, cashier's check, or behalf, your attorney may pay with	ile my petition. Please check with the clerk's office in your local you may pay. Typically, if you are paying the fee yourself, you may money order. If your attorney is submitting your payment on your in a credit card or check with a pre-printed address. ents. If you choose this option, sign and attach the Application for in Installments (Official Form 103A).
		By law, a judge may, but is not rec than 150% of the official poverty i	(You may request this option only if you are filing for Chapter 7. quired to, waive your fee, and may do so only if your income is less ine that applies to your family size and you are unable to pay the e this option, you must fill out the Application to Have the Chapter 7 103B) and file it with your petition.
9.	Have you filed for	☑ No	
	bankruptcy within the last 8 years?	Yes.	
		District	When Case number
		District	
		District	
10.	Are any bankruptcy cases pending or being filed by a spouse who is	☑ No □ Yes.	
	not filing this case with you, or by a business	Debtor	Relationship to you
	partner, or by an affiliate?	District	When Case number, MM / DD / YYYY if known
		Debtor	Relationship to you
		District	When Case number, MM / DD / YYYY if known
11.	Do you rent your residence?	residence? ☑ No. Go to line 12. ☐ Yes. Fill out Initial Sta	an eviction judgment against you and do you want to stay in your tement About an Eviction Judgment Against You (Form 101A)

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Del	otor 1	Olena First Name	Middle 1	i con c	Rymar	Ca	se number (if known)			
		*			Last Name	0 . 0				
	art 3:	Report About A	ny Bi	usine	esses You Own as	a Sole Propriet	Or			
12.		u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of	business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Olena Rymar Name of business, if any 2506 N. McVicker Number Street					
	If you b	ave more than one			Chicago		IL. State	60639		
	sole pro	oprietorship, use a e sheet and attach it			City Check the appropriate	e box to describe you		ZIP Code		
					Single Asset Re Stockbroker (as	al Estate (as defined defined in 11 U.S.C. er (as defined in 11				
Ch Ba are	Chapte Bankru are you	I filing under r 11 of the ptcy Code and a small business	<i>can</i> mos	set ap t rece	ppropriate deadlines. If	you indicate that you ment of operations, c	ı are a small business ash-flow statement, ar	mall business debtor so that it debtor, you must attach your and federal income tax return § 1116(1)(B).		
	deptor:	debtor?	abla	No.						
		definition of small		No.	I am filing under Chap the Bankruptcy Code.	m filing under Chapter 11, but I am NOT a small business debtor according to the definition in a Bankruptcy Code.				
		C. § 101(51D).		Yes.	l am filing under Chap Bankruptcy Code.	am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Pa	art 4:	Report If You Ov	vn or	Hav	e Any Hazardous l	Property or Any	Property That Ne	eeds Immediate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or			No Yes.	What is the hazard?					
	safety? any pro	Or do you own perty that needs attention?			if immediate attention	is needed, why is it r	needed?			
	perishat livestock	mple, do you own ble goods, or c that must be fed, or g that needs urgent			Where is the property?	Number Street				
								The state of the s		
						City		State ZIP Code		

ZIP Code

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Debtor 1 Olena Rymar Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one.

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	require	d to	receive	e a	briefing	abou
cred	it co	unselin	a b	ecause	of:		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	require	ed to	rece	eive	a	briefing	about
cred	it co	unseli	na b	ecau	se c	١ţ:		

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after f reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court

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De	btor 1	Olena				Rymar		Cono number	if kno)
		First Name	Middle	Name		Last Name		Case number	н кло	wn)
ŀ	art 6:	Answer These	Ques	tions	for F	Reporting P	urpo	ses	200020000000000000000000000000000000000	
16.	16. What kind of debts do you have?				"incur No.		dual p	nsumer debts? Consumer of cons		are defined in 11 U.S.C. § 101(8) pusehold purpose."
			161		ney fo No.			siness debts? Business de stment or through the operation		e debts that you incurred to obtain ne business or investment.
			160	c. Sta	te the	type of debts y	ou ow	e that are not consumer or b	usines	s debts.
17.	Are you Chapte	u filing under r 7?		No.	l am	not filing under	Cha	pter 7. Go to line 18.		
	any exe	to you estimate that after my exempt property is xcluded and dministrative expenses	☑	Yes.	s. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	adminis				\checkmark	No				
	availab	are paid that funds will be available for distribution to unsecured creditors?			Yes					
18.		any creditors do imate that you		1-49 50-99 100-1 200-9	99			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you e your assets to h?		\$100,	01-\$1: 001-\$:	00,000 500,000 1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100.000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000.001-\$10 billion \$10,000,000.001-\$50 billion More than \$50 billion
20.		uch do you e your liabilities to			01-\$10	00,000		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion

\$100,000,001-\$500 million More than \$50 billion

\$500,001-\$1 million

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Debtor 1	Olena		Rymar	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 7:	Sign Below				
For you		I have examinand correct.	ned this petition, and I dec	lare under penalty of perjury that the information provided is tru	ie
			11. United States Code. I	, I am aware that I may proceed, if eligible, under Chapter 7, 11 understand the relief available under each chapter, and I choos	
		•	•	ot pay or agree to pay someone who is not an attorney to help and read the notice required by 11 U.S.C. § 342(b).	me
		t request relie	ef in accordance with the c	hapter of title 11, United States Code, specified in this petition.	
		connection wi	- ·	concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 yea and 3571.	
		X Olena Ryr	mar, Debtor 1	X Signature of Debtor 2	a Nasanna i Britanna ma

Executed on 11/27/2016

MM / DD / YYYY

Executed on MM / DD / YYYY

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Page 8 of 44 Document Olena Debtor 1 Rymar Case number (if known) First Name Middle Name Last Name For you if you are filing this The law allows you, as an individual, to represent yourself in bankruptcy court, but you should bankruptcy without an understand that many people find it extremely difficult to represent themselves attorney successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. If you are represented by an attorney, you do not need to To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical. and a mistake or inaction may affect your rights. For example, your case may be dismissed because you file this page. did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filling for yourself. To be successful. you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure. and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No V Yes Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No ✓ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No \square Yes. Name of Person Daiva Indriuliene Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. Signature of Debtor 2 Olena Rymar, Debtor 1 Date 11/27/2016 Date

MM / DD / YYYY

Contact phone

Email address

Cell phone

(773) 979-4477

MM / DD / YYYY

Contact phone

Email address

Cell phone

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			Do	cument P	age 9 of 44	1	
	ill in this inf	ormation to	identify your case				
D	ebtor 1	Olena First Name	Middle Name	Rymar Last Name	****		
1	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		* (
U	nited States Bai	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILL	INOIS		
	ase number f known)					Lorand .	ck if this is an nded filing
<u>Of</u>	ficial Form	106Sum					
Sı	ımmary of	Your Ass	ets and Liabilit	ies and Cer	tain Statis	tical Information	12/15
1		mmarize You	ir Assets al Form 106A/B)				Your assets Value of what you own
•		•	·	R			\$0.00
	1c. Copy line	63. Total of all p	property on Schedule A	/B			\$11,504.00
P	art 24 Sun	nmarize You	r Liabilities				
							Your liabilities Amount you owe
2.			ive Claims Secured by I n Column A, Amount of	, , ,	•	ge of Part 1 of Schedule D	\$11,590.00
3.			Have Unsecured Claims Part 1 (priority unsecu			le E/F	\$0.00

Your total liabilities

\$41,544.00

\$29,954.00

Part 3: Summarize Your Income and Expenses

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F....

5. Schedule J: Your Expenses (Official Form 106J)
Copy your monthly expenses from line 22c of Schedule J. \$1,512.00

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				Document	Page 10 of 44		
Debt	for 1	Olena First Name	Middle Name	Rymar East Name	Case no	umber (if known)	
Pa	ırt: 4:	Answer The	se Questions for		and Statistical Re	cords	
6.	Are y	ou filing for bankru	ptcy under Chapters	s 7, 11, or 13?			
		No. You have nothin Yes	g to report on this par	t of the form. Chec	k this box and submit thi	s form to the court with yo	ur other schedules.
7.	What	kind of debt do you	have?				
	Ø,	Your debts are prim family, or household p	arily consumer debt	s. Consumer debts § 101(8). Fill out lin	s are those "incurred by a es 8-9g for statistical pur	an individual primarily for a poses. 28 U.S.C. § 159.	a personal.
		Your debts are not point this form to the court	orimarily consumer of with your other sched	lebts . You have no ules.	thing to report on this pa	irt of the form. Check this	box and submit
8.	From Officia	the Statement of You al Form 122A-1 Line	our Current Monthly 11; OR, Form 122B t	Income: Copy you line 11; OR , Form 1	r total current monthly inc 22C-1 Line 14.	come from	\$1,553.83
9.	Сору	the following speci	al categories of clair	ms from Part 4, line	e 6 of Schedule E/F:		
						Total claim	
	From	Part 4 on Schedule	E/F, copy the follow	ving:			
!	9a. [Domestic support obli	gations. (Copy line 6	·a.)		\$0.00	<u>)</u>
•	9b. T	axes and certain oth	er debts you owe the	government. (Copy	(line 6b.)	\$0.00)
ę	9c. C	laims for death or pe	rsonal injury while yo	u were intoxicated.	(Copy line 6c.)	\$0.00	<u>)</u>
9	∂d S	tudent loans. (Copy	line 6f.)			\$1,847.00	<u>) </u>
ę	9e. C	Obligations arising out riority claims. (Copy	t of a separation agre line 6g.)	ement or divorce the	at you did not report as	\$0.00) ····

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$1,847.00

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		200	amone rago II or		
Fill in this i	nformation to ide	entify your case	and this filing:		
Debtor 1	Olena First Name	Middle Name	Rymar Last Name		
Debtor 2		11.00	SOLUTION CONTRACTOR		
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for ti	ne: NORTHERN D	ISTRICT OF ILLINOIS		
Case number		The state of the s			
(if known)					k if this is an nded filing
<u> </u>			······································		, and the second
Official Form	m 106A/B				
Schedule A	A/B: Property				12/15
the asset in the filing together, be sheet to this form	category where you both are equally resp m. On the top of any	think it fits best. Be onsible for supplyin additional pages, v	st an asset only once. If an asset as complete and accurate as ng correct information. If more write your name and case num g, Land, or Other Real Es	possible. If two married pessible. If two married pespace is needed, attach aber (if known). Answer ev	people are a separate very question.
Yes. W	o to Part 2. Where is the property? lar value of the portionages you have attac	on you own for all c hed for Part 1. Writ	of your entries from Part 1, inclite that number here	uding any	\$0.00
Do you own, leas	escribe Your Veh	quitable interest in	any vehicles, whether they are lso report it on Schedule G: Exec	registered or not? Includ	e any vehicles
				зиогу Соптастя апа Опехр.	rea Leases.
□ No Yes	trucks, tractors, spo	t dumly venicles, in	otorcycles		
3.1,		Who has a	n interest in the property?	Do not deduct secured cla	ims of avamptions. Dut the
Иake:	TOYOTA	Check one.		amount of any secured cla	ims on Schedule D:
Model:	CAMRY	☐ Debtor ☐ Debtor		Creditors Who Have Claim	
rear:	2014	 3	and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate milea		At least	one of the debtors and another	\$9,100.00	\$9,100.00
Other information: 2014 TOYOTA (miles)	CAMRY (approx. 46		if this is community property tructions)	***************************************	The state of the s
Watercraft, a	nircraft, motor homes oats, trailers, motors,	, ATVs and other re	ecreational vehicles, other vehi fishing vessels, snowmobiles, m	cles, and accessories otorcycle accessories	
☑ No □ Yes					
Add the dolla entries for pa	ar value of the portio ages you have attach	n you own for all of led for Part 2. Write	your entries from Part 2, inclue that number here	ding any	\$9,100.00

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De	ebtor 1	Olena First Name	6.61.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Rymar	Case number (if known)	
	Part 3:		Middle Name Our Personal and	Last Name Household Items		
		XX.		st in any of the following	g items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.			urnishings ices, furniture, linens,	china, kitchenware		
			eneral and ordina	y household go <mark>ods a</mark>	nd furnishing	\$750.00
7.		les: Televisions a			oment; computers, printers, scanners; ameras, media players, games	
	☐ No ✓ Yes	s. Describe C	omputer, cellphon	e		\$350.00
8.		ibles of value les: Antiques and stamp, coin, c	figurines: paintings, p or baseball card collec	rints, or other artwork; boo frons: other collections, m	oks, pictures, or other art objects; emorabilia, collectibles	
	☑ No ☐ Yes	s. Describe				
9.					picycles, pool tables, golf clubs, skis;	
	☑ No ☐ Yes	Describe				
10.	☑ No	=	shotguns, ammunition	n, and related equipment		
11.	Clothes	;	nes, furs, leather coats	s, designer wear, shoes, a	ccessories	
	☐ No ☑ Yes	. Describe N e	ecessary wearing a	appare!		\$250.00
12.	Jewelry Example		elry, costume jewelry, e	engagement rings, weddin	ig rings, heirloom jewelry, watches, gems,	
	□ No ☑ Yes	Describe Co	ostumes jewelry			\$90.00
13.		m animals es: Dogs, cats, bir	ds, horses			
	☑ No ☐ Yes.	Describe				
14.	did not l		าousehold items you	did not already list, incl	uding any health aids you	
		Give specific mation				
15.			Il of your entries from	n Part 3, including any e	ntries for pages you have	\$1 440 00

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De	btor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if known)	
G	art 4:	3	our Financial A			
		or have any lega	al or equitable inte	rest in any of the following	?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you ha	ave in your wallet, in	n your home, in a safe depos	it box, and on hand when you file your	
	☐ No ✓ Yes	.			Cash:	\$40.00
17.	Deposit	ts of money es: Checking, sav	rings, or other finan uses, and other sim	cial accounts, certificates of	deposit; shares in credit unions, nultiple accounts with the same	
	□ No ☑ Yes		Institu	tion name:		
	17.	Checking ac	count: Chec	king account with Selfre	liance Credit Union # 103317	\$66.00
18.	Example		publicly traded st	ocks with brokerage firms, money	/ market accounts	
	☑ No ☐ Yes		Institution or issu	ler name:		
19.	Non-pul an inter	blicly traded stoc est in an LLC, pa	k and interests in rtnership, and joir	incorporated and unincorp	orated businesses, including	
	ınfoı	. Give specific mation about	Name of entity:		% of ownership:	
20.	Negotiat	ole instruments ind	clude personal chec	er negotiable and non-nego cks, cashiers' checks, promis nnot transfer to someone by s	sory notes, and money orders.	
	infor	Give specific mation about	issuer name:			
21.		ent or pension ac s: Interests in IRA profit-sharing p	A. ERISA, Keogh. 4	01(k), 403(b), thrift savings a	ccounts, or other pension or	
	land.	List each ount separately.	Type of account	Institution name:		
22.	Your sha Example	deposits and progression of all unused do s: Agreements will as, or others	eposits you have m	ade so that you may continue d rent, public utilities (electric	e service or use from a company c, gas, water), telecommunications	
23.	Annuitie	s (A contract for	a specific periodic p	Institution name or individua payment of money to you, eith	al: ner for life or for a number of years)	
	✓ No ☐ Yes	***************************************	Issuer name and	description:		
24.	Interests	in an education		t in a qualified ABLE progra	am, or under a qualified state tuition pr	ogram.
	☑ No ☐ Yes.	***************************************	Institution name a	nd description. Separately fi	le the records of any interests. 11 U.S.C	8 521(c)

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De	btor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if known	·)		
25.		equitable or future i	interests in propert	y (other than anything liste	ed in line 1), and rights or			
		exercisable for you	ır benefit					
	1.7	. Give specific						
		rmation about them						
26.				s, and other intellectual pro sceeds from royalties and lice	• •			
	☑ No							
		. Give specific rmation about them						
27.		es, franchises, and o es: Building permits,			lings, liquor licenses, professi	onal licer	nses	
		. Give specific					**************************************	
		rmation about them	_					
M:o	ney or pr	operty owed to you?	?				portion you on Do not deduct claims or exer	wn? secured
28	Tay rafe	indo owad to you						
20.		ınds owed to you						
	Ø No □ Yes	Give specific inform	astion			Fadara	I.	ድር ይር
		ut them, including who				Federa	I.	\$0.00
	-	already filed the retur the tax years				State:		\$0.00
	anu	are tax years				Local:		\$0.00
29.	Family							
	Example No	es: Past due or lump	sum alimony, spous	al support, child support, ma	intenance, divorce settlement	, property	y settlement	
		Give specific inform	nation		Alimony:			\$0.00
					Maintenan	ce:		\$0.00
				,	Support:			\$0 .00
					Divorce se	ttlement:		\$0.00
					Property se	ettlement		\$0.00
30.	Other as	nounts someone ow	285 VOII		, ,		minimization de contrata de co	
		s: Unpaid wages, dis	sability insurance pay	yments, disability benefits, si s: unpaid loans you made to	ick pay, vacation pay, workers someone else	i.		
	☑ No □ Yes.	Give specific inform	ation					
31.		s in insurance policions: Health, disability, d		alth savings account (HSA);	credit, homeowner's, or renter	's insurar	ice	
	✓ No	Ţ		, , , , , , , , , , , , , , , , , , ,			,	
		Name the insurance pany of each policy	•					
		ist its value	. Company name:		Beneficiary:	Sui	rrender or refun	d value:
32.	If you are		living trust, expect p	rneone who has died roceeds from a life insurance died	e policy, or are currently			
	☑ No							
	☐ Yes.	Give specific information	ation					

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Dei	otor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if known)	
33.	Exampl		es, whether or not you		uit or made a demand for payment ts to sue	
	✓ No Yes	. Describe each cla	aim			***************************************
34.	rights t ☑ ^{No}	o set off claims		very nature, încludii	ng counterclaims of the debtor and	
		Describe each cla				
35.		anciai assets you c	did not already list			
	☑ Yes	. Give specific infor	rmation			
36.					y entries for pages you have	\$106.00
P	art 5:	Describe Any B	usiness-Related	Property You O	wn or Have an Interest In. List any	real estate in Part 1.
(2002000	and the second of the					
JI.		Go to Part 6.	egal or equitable inte	rest in any busines	s-related property?	
	استسا	Go to line 38.				
						Current value of the portion you own? Do not deduct secured
38.	Accoun	ts receivable or co	mmissions you alrea	dy earned		claims or exemptions.
	☑ No ☐ Yes	Describe				THE PROPERTY OF THE PROPERTY O
39.		quipment, furnishin s: Business-related desks. chairs, ele	l computers, software,	, modems, printers, c	opiers, fax machines, rugs, telephones,	
	☑ No □ Yes.	Describe				
40.	Machine	ry, fixtures, equipr	ment, supplies you u	se in business, and	tools of your trade	
	☑ No ☐ Yes.	Describe				
41.	Inventor	у				
	☑ No ☐ Yes.	Describe				
42.	Interests	in partnerships or	r joint ventures			
	☑ No ☐ Yes.	Describe Name	e of entity:		% of ownership:	
43.	Custome	er lists, mailing list	s, or other compilation	ons		
	☑ No □ Yes.	Do your lists inclu No Yes. Describe		fiable information(as defined in 11 U.S.C. § 101(41A))?	

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Deb	tor 1	Olena First Name		ymar si Name	Case number (if known)	
44.	Any bi		property you did not already			
	√ No		,,			
		s. Give specific	information.			*
45.			f all of your entries from Part rite that number here		· - ·	\$0.00
Pá	nt 6:		y Farm- and Commercia have an interest in farmia		lated Property You Own or Have a rt 1.	n Interest In.
46.	Do you	ı own or have a	ny legal or equitable interest	in any farm- or o	commercial fishing-related property?	
	**************************************	. Go to Part 7. s. Go to line 47.				
4 ****	-					Current value of the portion you own? Do not deduct secured claims or exemptions
47.	Farm a Examp		oultry, farm-raised fish			
	☑ No ☐ Ye	S				Andrews (1984)
48.	Crops-	-either growing	or harvested			
	-	s. Give specific				
49.	Farm a	nd fishing equip	oment, implements, machiner	y, fixtures, and	tools of trade	
	☑ No ☐ Yes	S				
50.	Farm a	nd fishing supp	lies, chemicals, and feed			
	☑ No □ Yes	5				
51.	Any far	m- and comme	cial fishing-related property	you did not alre	ady list	
	Removal.	s. Give specific				
			all of your entries from Partite that number here			\$0.00
Pa	rt 7:	Describe All	Property You Own or H	ave an Intere	st in That You Did Not List Above	
			perty of any kind you did not test, country club membership	already list?		
	☑ No □ Yes	. Give specific i	nformation.			entire den halfreder en beleva de la companya de l
64.	Add the	dollar value of	all of your entries from Part 1	7. Write that nu	mber here	\$0.00

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Debtor 1	Olena		Rymar	Case ni	umber (if known)			
	First Name	Middle Name	Last Name		4000			
Part 8	List the Tota	Is of Each Part of	this Form			NAMES AND ASSOCIATION OF THE STREET, S		
55. Part	t 1: Total real estate	e, line 2				→	\$0.00	
56. Part	2: Total vehicles,	line 5		\$9,100.00				
57. Part	3: Total personal	and household items,	line 15	\$1,440.00				
58. Part	4: Total financial a	assets, line 36		\$106.00				
59. Part	5: Total business-	related property, line	45	\$0.00				
60. Part	6: Total farm- and	fishing-related prope	rty, line 52	\$0.00				
61. Part	7: Total other prop	perty not listed, line 5	4 +	\$0.00				
62. Tota	ıl personal property	y. Add lines 56 throu	gh 61	\$10,646.00	Copy personal property total	+	\$10,646.00	
63. Tota	il of all property on	Schedule A/B. Add	i line 55 + line 62		,		\$10.646.00	

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Fill in this inf	ormation to iden	tify you	rcase:			
Debtor 1	Olena		Ryn			
Debtor 2	First Name	Middle Nar	ne Last!	Vame		
(Spouse, if filing)		Middle Nar				
United States Bar	kruptcy Court for the:	NORTH	ERN DISTRICT	OF ILL	INOIS	Check if this is an
Case number (if known)						amended filing
Official Form	106C	•				
	The Property	You C	laim as Exc	empt		04/1
			eneg forester expressions for SSS stack	-		
Using the property y space is needed, fill	ou listed on Schedule	<i>e A/B: Pro_l</i> s page as r	perty (Official For	m 106A/	B) as your source, lis-	ly responsible for supplying correct information the property that you claim as exempt. If more ecessary. On the top of any additional pages,
s to state a specifi exempted up to the	c dollar amount as e amount of any appl	exempt. A licable sta	Iternatively, you tutory limit. Son	may cla ne exem	aim the full fair mark	on you claim. One way of doing so et value of the property being se for health aids, rights to . However, if you claim an
exemption of 100%	of fair market value	under a la	aw that limits the	exemp	tion to a particular d	ollar amount and the value of the about a mount and the value of the about a mount.
Part 1: Iden	tify the Property	You Cla	nim as Exemp	t		
. Which set of ex	emptions are you c	laiming?	Check one o	nly, ever	n if your spouse is filir	ng with you.
	iming state and feder iming federal exempt		kruptcy exemptio	ns. 11 L		•
. For any proper	y you list on Sched	lule A/B th	at you claim as e	exempt,	fill in the informatio	n below.
	the property and line		Current value of the portion you own	f An	nount of the emption you claim	Specific laws that allow exemption
					eck only one box for ch exemption	
ief description:			\$9,100.00		. 644 500 00	
•	/IRY (approx. 4650	00	\$9,100.00	N	\$11,590.00 100% of fair market	<u>-</u>
iles)				<u> </u>	value, up to any	
ne from <i>Schedule A</i>	/B:3.1				applicable statutory limit	
ef description:			\$750.00	r zr	\$750.00	
•	ry household god	ds and	\$7.50.00		100% of fair market	
rnishing	vo. 6				value, up to any	
ie from <i>Schedule A</i>	B: 6			,	applicable statutory limit	
~·····································			M 44		mm	
	a homestead exem				ed on or after the date	of adjustment)
 (Subject to adjust 					== v., v, u, w, u, u, u ualc	or adjagninone)
☑ No			y the exemption v	within 1	215 days before you f	iled this case?

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Debtor 1	Olena First Name	Middle Name	Rymar		Case numbe	er (if known)
Part 2:	Additional P		ALL STATES			
	ription of the prope A/B that lists this p		Current value of the portion you own Copy the value from Schedule A/B	exe Che	nount of the emption you claim eck only one box for the exemption	Specific laws that allow exemption
	iption: r, cellphone Schedule A/B. 7		\$350.00		\$350.00 100% of fair market value, up to any applicable statutory limit	
	iption: y wearing appare Schedule A/B11		\$250.00		\$250.00 100% of fair market value, up to any applicable statutory limit	
Brief descri Costumes Line from S			\$90.00		\$90.00 100% of fair market value, up to any applicable statutory limit	
Brief descri USD Line from S	ption: chedule A/B: 16		\$40.00		\$40.00 100% of fair market value, up to any applicable statutory limit	
Union # 10	account with Sel		\$66.00		\$66.00 100% of fair market value, up to any applicable statutory limit	

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	STATE OF THE STATE			\$74.5500006EXXXXXXXXXXXX		
Fill in this informa	tion to identif	fy your case:				
Debtor 1 Olen			Rymar			
First N.	ame N	Aiddle Name	Last Name			
Debtor 2		P. Carlon Ellinson				
(Spouse, if filing) First N	ame iv	Aiddle Name	Last Name			
United States Bankrupto	y Court for the: N	ORTHERN DIST	TRICT OF ILLINO	IS		
Case number						
(if known)					Check if this i amended filin	
D## 400					amended mar	9
Official Form 106						
Schedule D: Cre	ditors Who	Have Claim	s Secured b	y Property		12/1
	ve claims secure	ed by your proper	ty?		hing else to report on th	is form.
Part 1: List All S		has more than one		Column A	Column R	Column
Rart 1: List All S	ns. If a creditor h separately for ea lar claim, list the c	has more than one ich claim. If more to their creditors in Pro	han one art 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Part 1: List All S List all secured claim claim, list the creditor creditor has a particul much as possible, list creditor's name.	ns. If a creditor h separately for ea lar claim, list the c	has more than one ach claim. If more to other creditors in Pihabetical order accomposition of the pro-	han one art 2. As cording to the operty that	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any
Part 1: List All S List all secured claim claim, list the creditor creditor has a particul much as possible, list creditor's name.	ns. If a creditor h separately for ea lar claim, list the d the claims in alp	has more than one ach claim. If more to other creditors in Prohabetical order accomposeribe the prosecures the claim	han one art 2. As cording to the operty that m:	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
Part 1: List All S List all secured clair claim, list the creditor creditor has a particul much as possible, list creditor's name. 2.1 Coyota Motor Credit Coreditor's name	ns. If a creditor h separately for ea lar claim, list the d the claims in alp	nas more than one ach claim. If more to other creditors in Prohabetical order accompany the professecures the claim 2014 TOYOTA	han one art 2. As cording to the operty that m: CAMRY	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any
Part 1: List All S List all secured claim claim, list the creditor creditor has a particul much as possible, list creditor's name. 2.1 Toyota Motor Credit Coreditor's name 2.0. Box: 5855	ns. If a creditor h separately for ea lar claim, list the d the claims in alp	has more than one ach claim. If more to other creditors in Prohabetical order accomposeribe the prosecures the claim	han one art 2. As cording to the operty that m: CAMRY	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any
Part 1: List All S List all secured claim claim, list the creditor creditor has a particul much as possible, list creditor's name. 2.1 Toyota Motor Credit Correditor's name. O. Box: 5855 umber Street Larol Stream IL state ty State Tho owes the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this claim rel	ns. If a creditor haseparately for each claim, list the claims in alpoint or portain the claims in	Describe the prosecures the claim. If more to other creditors in Prohabetical order according to the prosecures the claim. 2014 TOYOTA (approx. 34000) As of the date you contingent Unliquidated Disputed Nature of Item. On agreemen Statutory Item Judgment Item.	han one art 2. As cording to the cording to the coperty that m: CAMRY miles) Check all that apply, t you made (such as tax lien, m from a lawsuit ng a right to offset)	Amount of claim Do not deduct the value of collateral \$11,590.00 Check all that apply.	Value of collateral that supports this claim \$9,100.00	Unsecured portion If any
Part 1: List All S List all secured claim claim, list the creditor reditor has a particul much as possible, list creditor's name. 2.1 Toyota Motor Credit Coreditor's name 2.0. Box: 5855 Lumber Street Larol Stream IL Ty State The Owes the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this claim rel to a community debt	ns. If a creditor haseparately for each claim, list the claims in alpoint or portain the claims in	Describe the prosecures the claim. If more to other creditors in Prohabetical order according to the prosecures the claim. 2014 TOYOTA (approx. 34000 As of the date you continued to bisputed the prosecure of the claim. Other (including the prosecure) and agreemen to the prosecure of the pros	han one art 2. As cording to the operty that m: CAMRY miles) Check all that apply, t you made (such as tax lien, m from a lawsuit ong a right to offset)	Amount of claim Do not deduct the value of collateral \$11,590.00 Check all that apply.	Value of collateral that supports this claim \$9,100.00	Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$11,590.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$11,590.00

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			Docun	nent Page 21 of 4	4	
	Fill in this info	ormation to iden	tify your case:			
	Debtor 1	Olena First Name	Middle Name	Rymar Last Name		
1 '	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
	United States Ban	skruptcy Court for the	NORTHERN DIST	TRICT OF ILLINOIS		
	Case number (if known)				Check if this is an amended filing	
<u></u>	fficial Form	106E/F				
S	chedule E/I	F: Creditors V	Vho Have Uns	ecured Claims		12/15
or Do If i to	a Schedule A/B: It o not include any more space is ne this page. On th	Property (Official For creditors with parti- seded, copy the Part he top of any additio	orm 106A/B) and on S ially secured claims t you need, fill it out,	Schedule G: Executory Contra that are listed in Schedule D: number the entries in the box r name and case number (if k	esult in a claim. Also list executory contracts and Unexpired Leases (Official Form 1) Creditors Who Hold Claims Secured by Prices on the left. Attach the Continuation Pagnown).	06G). operty.
1.	Do any credito ✓ No. Go to ✓ Yes.		secured claims agair	nst you?		
2.	claim. For each show both prior more space is r	h claim listed, identify rity and nonpriority an	y what type of claim it mounts. As much as p isecured claims, fill ou	is. If a claim has both priority a possible, list the claims in alpha	ecured claim, list the creditor separately for ea and nonpriority amounts, list that claim here an betical order according to the creditor's name tid. If more than one creditor holds a particula	nd . If
	(For an explana	ation of each type of o	claim, see the instruct	ions for this form in the instructi	ion booklet.	
					Total claim Priority Nonpri	

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Debtor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if known)	
	i notivame	Wildlie Name	Lastivaine		
Part 2:	List All of Y	our NONPRIORI	TY Unsecured Clain		
3. Do any	creditors have r	onpriority unsecure	d claims against you?		
		ng to report in this pai	rt. Submit this form to the	court with you other schedules.	
If a cre type of	ditor has more that claim it is. Do no	n one nonpriority unse list claims already in	ecured claim, list the cred cluded in Part 1. If more t	er of the creditor who holds each claim. itor separately for each claim. For each claim han one creditor holds a particular claim, list t the Continuation Page of Part 2.	
					Total claim
4.1					\$1,385.00
4850 Stree	ne editor's Name et Rd, #300 Street		☐ Contingent ☐ Unliquidated		THE PROPERTY OF THE ACTION AND ADMINISTRATION AND ACTIONS.
Debtor 1 Debtor 2 Debtor 1 Debtor 1 At least Check if	ed the debt? C I only 2 only I and Debtor 2 onlone of the debtors	ate ZIP Code neck one. y and another a community debt	Type of NONPRIORIT Student loans Obligations arising that you did not re	gout of a separation agreement or divorce port as priority claims or profit-sharing plans, and other similar debts	
Conpriority Cre			Last 4 digits of accou When was the debt in As of the date you file Contingent		\$5,000.00
Debtor 1 Debtor 2 Debtor 1 At least c Check if	Stathe debt? Che only only and Debtor 2 only one of the debtors	and another a community debt	that you did not rep	Y unsecured claim: out of a separation agreement or divorce port as priority claims or profit-sharing plans, and other similar debts	

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Debtor 1	Olena		Rymar Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NON	IPRIORITY Unsecu	ured Claims Continuation Page	
After listin		this page, number the	em sequentially from the	Total claim
4.3				\$8,100.00
Citi			Last 4 digits of account number 5 6 0 4	\$6,100.00
Nonpriority C	reditor's Name		When was the debt incurred? 06/2009	
Number Number	500 C/O Citi C Street	orp	As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Sioux Fal	ls	SD 57117	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check one.	Student loans	
Debtor Debtor			Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 of	inly	that you did not report as priority claims	
<u></u>	one of the debto	,	Debts to pension or profit-sharing plans, and other similar debts	
	if this claim is fo	or a community debt	☑ Other. Specify Credit Card	
	n subject to offs		oroun oura	
☑ No				
Yes				
4.4				
Citi			Last 4 digits of account number 3 3 4 2	\$1,222.00
Nonpriority Cr	editor's Name			
	500 C/O Cití Co Street	orp	When was the debt incurred? 06/2011 As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
Sioux Fall	c	SD 57117	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
		Check one.	Student loans	
Debtor			Obligations arising out of a separation agreement or divorce	
Debtor 2	z only 1 and Debtor 2 oi	nlv	that you did not report as priority claims	
	one of the debto	-	Debts to pension or profit-sharing plans, and other similar debts	
— □ Checki	f this claim is fo	or a community debt		
	subject to offse		Steate Card	
√ No	-			
Yes				
4.5				*****
ifth Third	Bank		Last 4 digits of account number 7 3 3 1	\$2,000.00
onpriority Cre	editor's Name			
ifth Third	Center Street		When was the debt incurred? 11/2013 As of the date you file, the claim is: Check all that apply.	
· amoci	36 001		Contingent	
			Unliquidated	
incinnati	(OH 45202	Disputed	
ity		State ZIP Code	Type of NONPRIORITY unsecured claim:	
		Check one.	Student loans	
Debtor 1			Obligations arising out of a separation agreement or divorce	
Debtor 2	l only and Debtor 2 on	dv	that you did not report as priority claims	
	one of the debtor	•	Debts to pension or profit-sharing plans, and other similar debts	
		r a community debt		
	subject to offse	-	Great Gara	
7] No		-		
Yes				

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Debtor 1	Olena	A Professional Control of the Contro	Rymar Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NONP	RIORITY Unsecur	red Claims Continuation Page	A CONTRACTOR STATE AND A STATE OF THE STATE
After listin	ig any entries on tl	nis page, number ther	m sequentially from the	**************************************
previous p	page.			Total claim
4.6				\$2,000.00
Fifth Thir			Last 4 digits of account number 7 6 9 3	
Nonpriority C Fifth Thir	reditor's Name d Center		When was the debt incurred? 11/2013	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			_ ☐ Contingent ☐ Unliquidated	
			☐ Unliquidated ☐ Disputed	
Cincinnat City		H 45202 ate ZIP Code	Tunn of NONDBIODITY uman accord alains	
Who incur	red the debt? C	heck one.	Type of NONPRIORITY unsecured claim: [7] Student loans	
☑ Debtor			Obligations arising out of a separation agreement or divorce	
☐ Debtor	1 and Debtor 2 onli	V	that you did not report as priority claims	
	t one of the debtors		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for	a community debt	Credit Card	
	n subject to offset	?		
☑ No ☐ Yes				
4.7				\$1,847.00
Navient			Last 4 digits of account number 1 5 9 1	
	reditor's Name ent of Education	and Loan Service	When was the debt incurred? 01/2012	
Number	Street		As of the date you file, the claim is: Check all that apply.	
P.O. Box	3633		_ ☐ Contingent ☐ Unliquidated	
			- Disputed	
Wilkes-Ba Dity	rre P/		Turn of NONDRIGHTY	
· · · · · · · · · · · · · · · · · · ·		ieck one.	Type of NONPRIORITY unsecured claim:	
☐ Debtor ☐ Debtor	•		Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	,	that you did not report as priority claims	
	one of the debtors		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
Check	if this claim is for	a community debt		
	subject to offset?	•		
▼ No Yes				
4.8				\$2,400.00
JS BANK	editor's Name		Last 4 digits of account number 5 9 4 3	
P.O. BOX			When was the debt incurred? 11/2013	
lumber	Street		As of the date you file, the claim is: Check all that apply.	
			. Contingent Unliquidated	
\ A	LIRO 5.4	3 00472 0400	Disputed	
SAINT LO	UIS MO		Type of NONDRIORITY upsocured claims	
Vho incurr	ed the debt? Ch	eck one.	Type of NONPRIORITY unsecured claim: Student loans	
☑ Debtor 2 ☑ Debtor 2 ☑ Debtor 3 ☑ Debtor 4 ☑ Debt	•		Obligations arising out of a separation agreement or divorce	
and .	z only 1 and Debtor 2 only		that you did not report as priority claims	
	one of the debtors	and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check i	f this claim is for a	community debt	Credit Card	
	subject to offset?			
☑ No ☐ Yes				

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Debtor 1	Olena			Rymar	Case number (if known)	
	First Name	Middle 1	lame	Last Name	• • •	
Part 2:	Your NO	NPRIORITY	Unsecure	d Claims Continu	ation Page	
After listing previous previou		on this page, no	ımber them	sequentially from the		Total claim
4.9						\$6,000.00
Nonpriority C P.O. BOX Number	Creditor's Name			Contingent Unliquidated		
Debtor Debtor Debtor At leas Check	red the debt? r 1 only r 2 only r 1 and Debtor 2 st one of the deb if this claim is m subject to off	State ZIP Concept Control Conference Confere	r	that you did not repo	ut of a separation agreement or divorce	
✓ No Yes	n subject to on	ocif.				

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Debtor 1	Olena First Nam	e Middle Name	Rymar (Dase number (if knov	vn)
Part 4:	2	the Amounts for Each Ty			
6. Total th 28 U.S.	ne amoui C. § 159.	nts of certain types of unsecu Add the amounts for each ty	red claims. This information is for pe of unsecured claim.	statistical reporting	g purposes only.
				Τ	otal claim
Total claims from Part 1	6a.	Domestic support obligation	os .	6a	\$0.00
	6b.	Taxes and certain other deb	ts you owe the government	6b.	\$0.00
	6c.	Claims for death or persona	l injury while you were intoxicated	6c	\$0.00
	6d.	Other. Add all other priority t	insecured claims. Write that amount	here. 6d. 4	\$0.00
	6e.	Total. Add lines 6a through	6d.	6d.	\$0.00
				To	otal claim
Total claims from Part 2	6f.	Student loans		6f	\$1,847.00
	6g.	Obligations arising out of a sthat you did not report as pri	eparation agreement or divorce ority claims	6g.	\$0.00
	6h.	Debts to pension or profit-shidebts	aring plans, and other similar	6h.	\$0.00
	6i.	Other. Add all other nonpriori	ty unsecured claims. Write that amo	unt here. 6i. 👍	\$28,107.00
	6j	Total. Add lines 6f through 6	i.	6j.	\$29,954.00

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Fill in this inf	ormation to i	dentify your case			
Debtor 1	Olena		Rymar		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptoy Court fo	r the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				******	Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Minuoli			T477440474720000000000000000000000000000				
j	ill in this inf	ormation to ide	ntify your case:				
	Debtor 1	Olena First Name	Middle Name	Rymar Last Name			
1	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			
L	United States Bar	nkruptcy Court for the	e: NORTHERN DIS	STRICT OF ILLINOIS			
	Case number (f known)					Check if this is an amended filing	
<u>O</u> :	fficial Form	<u>106H</u>					
S	chedule H:	Your Codeb	tors				12/1
pa(ge. On the top o	of any Additional Pa	ages, write your nar	the entries in the boxes one and case number (if kinds and case number (if kinds and case, do not list either spinds)	nown). Answer every q	uestion.	
2.	Within the last include Arizona	t <mark>8 years, have you</mark> a, California, Idaho, I	lived in a communi Louisiana, Nevada, N	ty property state or territo lew Mexico, Puerto Rico. 1	ory? (Community proper exas, Washington, and \	ty states and territories Visconsin.)	
	No. Go to Yes. Did No Yes		spouse, or legal equ	ivalent live with you at the	time?		
3.	person shown creditor on So	i in line 2 again as a chedule D (Official F	a codebtor only if th	le your spouse as a code at person is a guarantor de E/F (Official Form 106 Column 2.	or cosigner. Make sure	you have listed the	
	Column 1:	Your codebtor			Column 2: The credi	tor to whom you owe the	e debt
					Check all schedules the	nat apply:	

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Fill in this inf	ormation to ident	ify your case:						
Debtor 1	Olena		Ryma	r				
	First Name	Middle Name	Last Na	me		Che	eck if this is:	
Debtor 2 (Spouse, if filing) First Name	Middie Name	Last Na	~~			An amended filing	
	,				OI6		A supplement showi	ng postpetition
Case number	ankruptcy Court for the	NORTHERN I	JISTRICT OF	ILLIIN	UIS		chapter 13 income a	s of the following date:
(if known)							MM / DD / YYYY	
Official Form	<u> 1061</u>							
Schedule I: '	Your Income		SSANGEAN Web dankele alexander mener mener manage	eran oleka likken or naman				12/15
responsible for su include informatio about your spouse your name and cas	d accurate as possib pplying correct inform n about your spouse e. If more space is no se number (if known) scribe Employme	mation. If you are If you are separa eded, attach a sep Answer every qu	married and n ted and your s arate sheet to	ot filing spouse	jointly is not	, and your filing with y	spouse is living with ou, do not include ir	you, formation
Fill in your en information.	pployment		And Andrew September 2015 and the Control of the Co		CONTRACTOR CONTRACTOR			
if you have mo	re than one		Debtor 1				Debtor 2 or non-fi	ling spouse
job, attach a se with informatio		loyment status	Employe				☐ Employed	
additional emp	loyers.		✓ Not empl	oyea			☐ Not employed	
Include part-tin		ipation		/************************************				
or self-employe		oyer's name			*****			
Occupation ma	- winp	oyer's address						
student or hom applies.	emaker, if it		Number Street				Number Street	
				· • · · · · · · · · · · · · · · · · · ·				
			City		State	Zip Code	City	State Zip Code
	How	long employed the	re?			-	THE THE PERSON AND A VALUE OF A V	
Part 2: Give	Details About M	onthly Income						
	ncome as of the date		If you have no	thing to	report	for any line,	write \$0 in the space.	Include your
	less you are separated		aanahina dha i	-5	·	. 17	· · · · · · · · · · · · · · · · · · ·	
	ng spouse have more e, attach a separate s		combine the ii	ntormat	ion for i	all employer	s for that person on th	e lines below. If
					For D	ebtor 1	For Debtor 2 or non-filing spouse	<u>}</u>
	ross wages, salary, a ons). If not paid month			2. e	OPP. A SURLINGE	\$0.00		
Estimata and I								
. Estimate and i	st monthly overtime	pay.		3	٠	\$0.00		

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Del	btor 1							
		First Name Middle Name Last Name			or Debtor 2 or on-filing spouse	_		
	Cor	by line 4 here	> 4.	\$0.00		 .		
5.	List	t all payroll deductions:	-	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				
		Tax, Medicare, and Social Security deductions	5a.	\$0.00				
	5b.	Mandatory contributions for retirement plans	5b.	\$0.00				
		Voluntary contributions for retirement plans	5c.	\$0.00				
	5d.	Required repayments of retirement fund loans	5d.	\$0.00				
	5e.	Insurance	5e.	\$0.00				
	5f.	Domestic support obligations	5f.	\$0.00				
	5g.	Union dues	5g.	\$0.00				
	5h.	Other deductions. Specify:	5h. +	\$0.00				
6.		d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5h.	if + 6.	\$0.00				
7. 8.		culate total monthly take-home pay. Subtract line 6 from line all other income regularly received:	e 4. 7.	\$0.00				
0.		Net income from rental property and from operating a business, profession, or farm	8a.	\$1,563.83				
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b.	Interest and dividends	8b.	\$0.00				
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00				
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d.	Unemployment compensation	8d.	\$0.00				
		•	8e.	\$0.00				
		Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
		Specify:	8f.	\$0.00				
	8g.	Pension or retirement income	 8g.	\$0.00				
		Other monthly income. Specify:	8h. +	\$0.00				
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8	8h. 9.	\$1,563.83				
10.	Calc Add	culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spous	10. se.	\$1,563.83 +		\$1,563.83		
11.	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 							
	Do n Spec	ot include any amounts already included in lines 2-10 or amounts bify:		t available to pay exper	nses listed in Sche	dule J. \$0.00		
	Opec	VI 3.			11. T	40.00		
12.	incor	the amount in the last column of line 10 to the amount in line me. Write that amount on the Summary of Your Assets and Liabil applies.	11. The resities and C ϵ	sult is the combined mo ertain Statistical Informa	inthly 12. ation,	\$1,563.83 Combined		
13.		ou expect an increase or decrease within the year after you fi	ile this forn	n?		monthly income		
		No. None.		-				
		Yes. Explain:						
						į		

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Debtor 1 Olena		Rymar	Case number (if known)	
First Name	Middle Name	Last Name	* * * * * * * * * * * * * * * * * * *	
8a. Attached Statement (De	btor 1)			
		Private duty CNA		
Gross Monthly Income:			\$1,	,897.83
Expense		Category	<u>Amount</u>	
Cell phone		Operating Expence	\$75.00	
Internet		Operating Expence	\$35.00	
Cleaners		Operating Expence	\$60.00	
Scrubs, shoes, gloves		Operating Expence	\$76.00	
Cleaning supplies		Operating Expence	\$46.00	
Transportation		Operating Expence	\$42.00	
Total Monthly Expenses			\$	334.00
Net Monthly Income:			\$1,	563.83

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j	ill in this inform	ation to identii	fy your case:		Check if thi	e je:	
The state of the s	Debtor 1	Olena First Name		/mar st Name	☐ An am	ended filing blement showing	postpetition
Market Laboratory of the labor	Debtor 2 (Spouse, if filing)	First Name	Middle Name La	st Name	chapte	er 13 expenses a ng date:	
	United States Bankr	uptcy Court for the:	NORTHERN DISTRICT	r of Illinois	MM / D	DD / YYYY	
	Case number (if known)		***************************************	· 			
<u>O</u> :	fficial Form 10	<u>6J</u>					
S	chedule J: Yo	ur Expense:					12/15
CO		more space is ne	e. If two married people ar eded, attach another sheet	e filing together, both are	equally res		
G	Part 1: Descri	be Your House	hold				
1.	Is this a joint case	?					
	□ No □ Yes	ebtor 2 live in a se	parate household? e Official Form 106J-2, Expe	nses for Separate Househ	old of Debtor	2.	
2.	Do you have depe		No Yes. Fill out this information	Dependent's relatio	nship to	Dependent's	Does dependent
	Do not list Debtor 1 Debtor 2.	and L	for each dependent	Dobtor 1 or Dobtor	2	age	live with you?
	Do not state the de names.	pendents				***************************************	Yes No Yes
							Yes No
				***************************************		MATERIAL PROPERTY AND	□ No □ Yes
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes				
P	art 2: Estima	te Your Ongoir	g Monthly Expenses			embulaninistication archevenancement and achiec	
to r		of a date after the l	ruptcy filing date unless yo pankruptcy is filed. If this i				
			government assistance if y Schedule I: Your Income (C			Your expense	es
4.			nses for your residence. ny rent for the ground or lot.		4		\$400.00
	If not included in I	ine 4:					
	4a. Real estate tax	(es			4	·a.	
	4b. Property, home	eowner's, or renter's	s insurance		4	.b	
	4c. Home mainten	ance, repair, and u	pkeep expenses		4	·C	
	4d. Homeowner's	association or cond	ominium dues		4	-d.	

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Deb	otor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if k	nown)
						Your expenses
5.	Ado	litional mortgage	payments for your resi	dence, such as home equity loa	ans 5.	
6.	Utili	ities:				
	6a.	Electricity, heat, r	natural gas		6a	\$60.00
	6b.	Water, sewer, ga	rbage collection		6b	
	6c.	Telephone, cell p	hone, Internet, satellite, a	and	6c.	\$85.00
	6d.				6a.	
7.		d and housekeep			7.	\$350.00
8.	Chil	dcare and childre	en's education costs		8.	
9.	Clot	hing, laundry, an	d dry cleaning		9.	\$20.00
10.	Pers	sonal care produc	cts and services	10.	\$30.00	
11.	Med	lical and dental e	xpenses	11.		
12.		nsportation. Inclu Do not include ca	de gas, maintenance, bu ar payments.	12.	\$40.00	
13.						***************************************
14.	_		ons and religious donat	ions	14.	
15.		irance. iot include insuran	ce deducted from your p	ay or included in lines 4 or 20.		
	15a.	Life insurance			15a	\$70.00
	15b.	Health insurance	е		15b).
	15c.	Vehicle insuran	ce		150	s. <u>\$90.00</u>
	15d.	Other insurance	Specify:		150	,
16.	Taxe Spec			our pay or included in lines 4 or		
17.	Insta	allment or lease p				
	17a.	Car payments fo	or Vehicle 1		17a	\$367.00
	17b.	Car payments fo	or Vehicle 2		17b	
	17c.	Other. Specify:			17c	
				1978 VINCE AND AND ADMINISTRATION OF THE PROPERTY OF THE PROPE		
18.	Your	payments of alin	nony, maintenance, and	support that you did not repo , Your Income (Official Form 1	ort as 18.	
19.	Othe Spec	ifv.		who do not live with you.	19.	

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Deb	otor 1	Olena		Rymar	Case number (if kno	wn)
		First Name	Middle Name	Last Name		
20.		er real property ex edule I: Your Incom		lines 4 or 5 of this form or	on	
	20a.	Mortgages on oth	ner property		20a.	
	20b.	Real estate taxes	5		20b.	WINDOWS THE RESIDENCE OF THE PROPERTY AND A LIMIT OF THE PROPERTY OF THE PROPERTY AND A LIMIT OF THE PROPERTY OF THE PROPERTY AND A LIMIT OF THE PROPERTY OF T
	20c.	Property, homeov	wner's, or renter's insurar	ce	20c.	
	20d.	Maintenance, rep	air, and upkeep expense	s	20d.	
	20e.	Homeowner's ass	sociation or condominium	dues	20e.	
21.	Othe	er. Specify:			21.	+
22.	Calc	ulate your monthly				
	22a.	Add lines 4 through	gh 21.		22a.	\$1,512.00
	22b.	Copy line 22 (mo	nthly expenses for Debto	r 2), if any, from Official For	m 106J-2. 22b.	
	22c.	Add line 22a and	22b. The result is your r	nonthly expenses.	22c.	\$1,512.00
23.	Calc	ulate your monthly	y net income.			
	23a.	Copy line 12 (you	r combined monthly inco	me) from Schedule I.	23a.	\$1,563.83
	23b.	Copy your monthl	ly expenses from line 22d	above.	23b.	\$1,512.00
	23c.	Subtract your mor The result is your	nthly expenses from your monthly net income.	monthly income.	23c.	\$51.83
24.	Do у	ou expect an incre	ease or decrease in you	r expenses within the year	after you file this form?	
				our car loan within the year o	or do you expect your mortgage our mortgage?	
		No.				
		Yes. Explain here:				
		None.				A

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		2000	amon rago co o	
Fill in this inf	ormation to id	entify your case:		
Debtor 1	Olena First Name	Middle Name	Rymar Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF ILLINOIS	
Case number (if known)				Check if this is an amended filing
Official Form	<u>106Dec</u>			_
Declaration .	About an In	dividual Debt	or's Schedules	12/15
	n Below	o 20 years, or both. 1	I8 U.S.C. §§ 152, 1341, 1519,	and 3571.
Did you pay o	r agree to pay so	meone who is NOT a	an attorney to help you fill ou	et hankrentev forme?
□ No	J , ,			is sufficiently to tho.
☑ Yes. Na	me of person <u>Da</u>	aiva Indriuliene		Attach Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119).
Under penalty true and corre X Olena Ryma	ct. O Bez	lare that I have read t	the summary and schedules X Signature of Debtor 2	filed with this declaration and that they are
Date <u>11/2</u> MM /	7/2016 DD / YYYY		DateMM / DD / YYYY	_

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	Market and the second s					
Fill in this in	ormation to id	entify your	case:			
Debtor 1	Olena		Rymar			
	First Name	Middle Nam	e Last Name	T THE STATE OF THE		
Debtor 2 (Spouse, if filing)	First Name	Middle Nam	e Last Name			
United States Ba	nkruptcy Court for	the: NORTHE	RN DISTRICT OF	ILLINOIS		
Case number	, ,					
(if known)						ck if this is an nded filing
Official Form	107					
		Affairs for	r Individuals F	iling for Bankı	ruptcv	04/1
Part 1: Giv	re Details Abou	ut Your Mar	,	/here You Lived E	Before	
Part 1: Giv What is your Married Not married During the fat	re Details About current marital stands and st 3 years, have ye	ut Your Mar atus? ou lived anywl	ital Status and W	e you live now?		
Part 1: Giv What is your Married Not married During the factory No Yes. List	re Details About current marital stands and st 3 years, have ye	ut Your Mar atus? ou lived anywl	ital Status and With the state of the state	re you live now? clude where you live n		
Part 1: Giv What is your ☐ Married ☑ Not marrie During the fa	re Details About current marital stands and st 3 years, have ye	ut Your Mar atus? ou lived anywl	ital Status and W	e you live now?		Dates Debtor 2 lived there
Part 1: Giv What is your Married Not married During the fart No Yes. List	re Details About current marital stands and st 3 years, have ye	ut Your Mar atus? ou lived anywl	here other than when ast 3 years. Do not in Dates Debtor 1	re you live now? clude where you live n	OW.	
Part 12 Giv What is your Married Not married During the far No Yes. List Debtor 1:	re Details About current marital stands and st 3 years, have ye	ut Your Mar atus? ou lived anywl	here other than when ast 3 years. Do not in Dates Debtor 1	re you live now? clude where you live no Debtor 2:	OW.	lived there
What is your ☐ Married ☐ Not marrie ☐ During the far ☐ No ☑ Yes. List Debtor 1:	re Details About current marital standard standa	ut Your Mar atus? ou lived anywl	here other than where ast 3 years. Do not in Dates Debtor 1 lived there	re you live now? clude where you live no Debtor 2:	OW.	lived there Same as Debto
Part 12 Giv What is your Married Not married During the far No Yes. List Debtor 1:	re Details About current marital standard standa	ut Your Mar atus? ou lived anywl	here other than when ast 3 years. Do not in Dates Debtor 1 lived there	re you live now? clude where you live no Debtor 2: Same as Deb	OW.	lived there Same as Debto

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Deb	tor 1	Olena First Name	Middle Name	Rymar Last Name	Case nu	mber (if known)	PROBLEM LANGUAGE CONTROL OF CONTR
P	art 2:	Explain ti	ne Sources of `	Your Income			
4.	Fill in th	ne total amount	of income you rece	ment or from operating a bu eived from all jobs and all bus income that you receive toge	sinesses, including pa	rt-time activities.	endar years?
	☐ No ☑ Yes	s. Fill in the de	tails.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ry 1 of the cur I filed for bank	rent year until kruptcy;	Wages, commissions, bonuses, tips✓ Operating a business	\$21,500.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	
		calendar year December 31		✓ Wages, commissions, bonuses, tips☐ Operating a business	\$6,181.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	
		ndar year befo		✓ Wages, commissions, bonuses, tips✓ Operating a business	\$13,683.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	Include unemple	income regard syment; and otten holing and lotten	less of whether that her public benefit p	ig this year or the two previous come is taxable. Example ayments; pensions; rental includes in a joint case and you have	s of other income are ome; interest; divident	alimony; child support; Socia ds; money collected from law	suits; royalties;
	☑ No	h source and th		m each source separately. D	o not include income	that you listed in line 4.	

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Debt	or 1	Olena First Name		Middle Name	Rymar Last Name		Case number (if kno	own)		
Da	ır t 3:	1				ou Filed for Ba	- m.lew m.f			
\$5000				The state of the s		CARACTER AND	ankruptcy			
	☐ No.		Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as							
	ii					ily, or household pr		0.0.0.0.3 8 10.107 03		
		During	the 90 days b	pefore you filed for	r bankruptcy, die	d you pay any credit	tor a total of \$6,425*	or more?		
		☐ No.	Go to line 7.							
		☐ Yes	total amour	nt you paid that cre	editor. Do not in	iclude payments fo	nore in one or more r domestic support o attorney for this ban	bligations, such as		
		* Subje	ct to adjustme	ent on 4/01/19 and	d every 3 years	after that for cases	filed on or after the o	date of adjustment.		
	Yes.	Debtor	1 or Debtor	2 or both have pr	rimarily consur	ner debts.				
		During t	the 90 days b	efore you filed for	bankruptcy, dic	you pay any credit	or a total of \$600 or	more?		
		☐ No.	Go to line 7.							
		☑ Yes.	creditor. Do	o not include payn	nents for domes	otal of \$600 or mor tic support obligation for this bankruptcy	e and the total amou ons, such as child su case.	nt you paid that pport and alimony.		
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for		
Toyo Credito	ota Moto	or Credit	Corp		11.05.2016	\$1,071.00	\$11,590.00	_		
P.O. Numbe	Box: 58 er Stree				_ 09.05.2016			☑ Car ☐ Credit card		
		· ····			~			☐ Loan repayment ☐ Suppliers or vendors		
Caro City	l Stream	n	IL State	60197 ZIP Code	<u>.</u>			Other		
c a	corporations in the corporation	nclude you ons of which cluding one hild suppo	ur relatives; a ch you are an e for a busine ort and alimor	any general partne n officer, director, p ess you operate as ny.	ers; relatives of a person in contro	any general partners i. or owner of 20% (s; partnerships of wh or more of their votin	who was an insider? ich you are a general partner; g securities; and any managing for domestic support obligations		
5	⊘ Yes.	List all pa	yments to an	insider.						
	1 401				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment		
Y aros	s name	orostkiv	skiy		23/08/2016	\$10,000.00	\$0.00	Personal loan		
Number	W. Hurd r Street									
Chica City	go		IL State	60612 ZIP Code						

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Debtor 1	Olena		Rymar	Case number (if known)
	First Name	Middle Name	Last Name	
	thin 1 year before you nefited an insider?	u filed for bankruptc	y, did you make any pay	rments or transfer any property on account of a debt that
Incl	lude payments on deb	ts guaranteed or cosi	gned by an insider.	
V	No			
	Yes. List all paymen	ts that benefited an in	sider	
Part 4	4: Identify Leg	al Actions, Repo	ssessions, and For	eclosures
List		uding personal injury		ny lawsuit, court action, or administrative proceeding? ns, divorces, collection suits, paternity actions, support or custody
	No Yes. Fill in the detail	s.		
sei	thin 1 year before you zed, or levied? eck all that apply and f			erty repossessed, foreclosed, garnished, attached,
	No. Go to line 11. Yes. Fill in the inform	nation below.		
			cy, did any creditor, incl ake a payment because y	luding a bank or financial institution, set off any you owed a debt?
\square	No Yes. Fill in the details	S.		
			v, was any of your prope odian, or another official	erty in the possession of an assignee for the benefit of I?
فستسا	No Yes			
Part 5	List Certain	Gifts and Contri	butions	
3. With	hin 2 years before yo	u filed for bankrupto	y, did you give any gifts	with a total value of more than \$600 per person?
回	No Yes. Fill in the details	s for each gift.		
	hin 2 years before yo ny charity?	ou filed for bankrupto	y, did you give any gifts	or contributions with a total value of more than \$600
Zeriera S	No Yes. Fill in the details	s for each gift or contr	ibution.	

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Deb	otor 1	Olena First Name	Middle Name	Rymar Last Name	Case number (if k	known)	
Э	art 6:	List Certain L		Last Name			
	Within other d		led for bankrupto	ey or since you filed for b	pankruptcy, did you lose any	thing because of th	neft, fire,
3	art 7:	List Certain P	ayments or Ti	ansfers			
16.	anyone Include No	you consulted abo	ut seeking bankı	ruptcy or preparing a bar	e acting on your behalf pay akruptcy petition? g agencies for services requir		
	va Indri on Who W			Description and value of JSD	any property transferred	Date payment or transfer was made	Amount of payment
111 Num		e Rd., Suite 3E				08/01/2016	\$50.00
City	nston	IL State e address	60201 ZIP Code				
Perso	en Who M	ade the Payment, if Not	You				
17.	anyone Do not in No	I year before you fil who promised to h notude any payment . Fill in the details.	elp you deal with	your creditors or to mal	e acting on your behalf pay on the payments to your credito	or transfer any prop rs?	perty to
18.				cy, did you sell, trade, or of your business or finar	otherwise transfer any propocial affairs?	perty to anyone, oth	ner than
	Include i Do not in	both outright transfer nelude gifts and trans	rs and transfers m sfers that you have	ade as security (such as g e afready listed on this sta	ranting of a security interest o tement.	r mortgage on your p	property).
	in the second	. Fill in the details.					
	you are ☑ No	a beneficiary? (T		tcy, did you transfer any lled asset-protection devic	property to a self-settled trues.)	ust or similar devic	e of which
	Yes.	Fill in the details.					

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			_	roodinione i	490 12 01 11	
De	ebtor 1	Olena		Rymar	Case number (if known)	
B-0076		First Name	Middle Name	Last Name		
	Part 8:	List Certain I	inancial Account	s, Instruments,	Safe Deposit Boxes, and Storage Units	Petition (II)
20			filed for bankruptcy, ved, or transferred?	were any financial a	accounts or instruments held in your name, or for your	
			money market, or othe operatives, association		; certificates of deposit; shares in banks, credit unions, brokerage al institutions.	
	☑ No □ Yes	s. Fill in the details.				
21		now have, or did urities, cash, or ot		r before you filed fo	or bankruptcy, any safe deposit box or other depository	
	☑ No ☐ Yes	s. Fill in the details.				
22		ou stored property	in a storage unit or p	place other than you	ur home within 1 year before you filed for bankruptcy?	
	☑ No ☐ Yes	. Fill in the details.				
	Part 9:	Identify Prop	erty You Hold or	Control for Som	neone Else	
23		hold or control an in trust for someo		one else owns? Inc	clude any property you borrowed from, are storing for,	<i>2</i> 23-501
	☑ No ☐ Yes	. Fill in the details.				
ŀ	art 10:	Give Details	About Environme	ntal Information	1	
Fo	the purp	ose of Part 10, the	following definitions	apply:		247.5
	hazardou	s or toxic substan	ce, wastes, or materia	al into the air, land,	ulation concerning pollution, contamination, releases of soil, surface water, groundwater, or other medium, ubstances, wastes, or material.	
酱	Site mear utilize it c	ns any location, fa or used to own, op	cility, or property as o erate, or utilize it, incl	defined under any e uding disposal site	environmental law, whether you now own, operate, or es.	
			anything an environn rial, pollutant, contan		as a hazardous waste, hazardous substance, toxic em.	
Re	ort all no	tices, releases, an	d proceedings that ye	ou know about, rega	ardless of when they occurred.	
24.	Has any law?	governmental uni	t notified you that you	a may be liable or p	potentially liable under or in violation of an environmental	
	☑ No □ Yes.	Fill in the details.				

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Deb	tor 1	Olena		Rymar		ase number (if knov	<i>w</i> n)	
		First Name	Middle Name	Last Name				
25.	☑ No	ou notified any Eill in the deta		of any release of hazar	dous material?			
26.	Have you		in any judicial or a	dministrative proceedi	ng under any env	vironmental law?	Include settlements and	
	☑ No ☐ Yes	s. Fill in the deta	ails.					
Ð	art 11:	Give Detai	Is About Your B	usiness or Connec	tions to Any	Business		
27.	Within busines		you filed for bankru	ptcy, díd you own a bu	siness or have a	iny of the following	connections to any	
		A member of a A partner in a An officer, dire An owner of at None of the ab	a limited liability comp partnership ector, or managing ex least 5% of the votin love applies. Go to F	n a trade, profession, or pany (LLC) or limited liab ecutive of a corporation ig or equity securities of Part 12. in the details below for e	ility partnership (l		time	
	na Rym		Des	cribe the nature of the	business		ification number Social Security number or IT	ΓIN.
	ess Name 6 N. Mc Der Stre	Vicker	Nam	e of accountant or boo	kkeeper			Market all.
						Dates business		
City 28.	ago Within 2 all finan	IL State Lyears before y	60639 ZIP Code rou filed for bankrul s, creditors, or othe	otcy, díd you gíve a fina r parties.	ıncial statement	to anyone about yo	Toour business? Include	
	☑ No ☐ Yes.	. Fill in the deta	ils below.					

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Debtor 1	Olena		Rymar	Case number (if known)
	First Name	Middle Name	Last Name	· /
Part 12	Sign Belov	V		
that answer	ers are true and only fraud in conne	correct. I understand	hat making a false staten	nchments, and I declare under penalty of perjury nent, concealing property, or obtaining money or up to \$250,000, or imprisonment for up to 20 years,
X Olena F	Dr Reg	5	XSignature of Debto	r 2
Date _	11/27/2016		Date	200-0-00-00-00-00-00-00-00-00-00-00-00-0
Did you at	tach additional p	ages to Your Statemer	nt of Financial Affairs for i	individuals Filing for Bankruptcy (Official Form 107)?
☑ No ☐ Yes				
Did you pa	ay or agree to pay	someone who is not	an attorney to help you fi	ll out bankruptcy forms?
□ No				
Yes. N	lame of person[Daiva Indriuliene		Attach the Bankruptcy Petition Preparer's Notice.
				Declaration, and Signature (Official Form 119).

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CERTIFICATE OF SERVICE

MM / DD / YYYY

I, the below signed, do hereby certify that a true and correct copy of the foregoing Statement of Intention for Individuals Filing Under Chapter 7 was mailed or otherwise served to the Chapter 7 Trustee, the secured creditors as listed on Schedule D, the United States Trustee and/or to any other interested parties as may be required by B.R. 1007 and applicable local bankrystey ryles.

Date

Date 11/27/2016

Date 11/27/2016

MM / DD / YYYY

Daiva Indriuliene